Nicole Carroll: Thank you all for being here. It means a lot. It's five 30 that you've had a long day to tough topic. Um, but as Tricia was saying, USA Today, we did this series because it's really important that we talk about this and the media has had a weird relationship with reporting about suicide. You don't want to do it the wrong way, but you need to talk about it. It's a big deal, but you don't want to make it worse. And so we did spend a lot of time talking to a lot of experts about how to report that story. Um, so I'm gonna introduce you to our panelists and tonight is really all about telling our stories and then to hear your questions and if you want to share yours. So I'm going to start with a really basic outline of our, our presenters and let them tell you their story.

Nicole Carroll: So first off is Dr Christine Moutier. She's the chief medical officer for the American Foundation for suicide prevention. Throughout her career, she is focused on training in order to change the healthcare system's approach to mental health. Next we have Laura Trujillo, she's a public relations specialist and a former journalist. She's the one who wrote the article that Trisha talked about. Um, and the name of the article with my mom's suicide changed everything. Here's how I found hope again. So we're going to hear from Laura and then Agnes McKean. She's the founder of just to talk suicide prevention, which she started one year after losing her 16 year old son, Harrison to suicide. Just talk is a not for profit organization dedicated to opening the lines of communication surrounding suicide, do education conversations and sharing. And I'm working on healing for those who've been impacted. So that's their, their basic outline. But I want them to tell you from the heart why they're here and why they're glad you're here. So Christine.

Moutier: Sure. Thank you so much Nicole. And to everyone for gathering up for this topic. So my story started when I was a medical student and had my own suicidal struggles and felt that I didn't belong and would never be able to fit in this a fairly harsh what seemed like a very toxic system and culture around academic medicine. And Training. And, um, I tried to drop out. I got treatment, I came back. Um, fast forward later I was chief resident. I had worked with a medical student who, um, took his life. And then by the time I became a dean in the medical school, several years after that, this is at University of California San Diego. There were a series of my colleagues on the faculty physicians who were dying by suicide, a total of 13 over a period of 15 years. And, um, and, and we wouldn't have even have known that that it was that many because they kind of get brushed under the rug and it's, you know, average of one per year.

Moutier: So it's sort of, you know, memory is short. But one of my bosses, the Big d dean of the medical school and the CEO of the hospital said to me and my mentor, figure this out, get to the bottom of this, what is going on? How many have there been and does the culture of an, of a medical center, of, of any community setting for that matter have something to do with suicides that are occurring. And after a very soul searching and scientific literature searching experience, a group of us, we're really having to grapple with what does

constitute suicide prevention. And so I had the experience of doing that in a medical school setting for physicians and trainees. And now I am really honored to be at the national level at the American Foundation for suicide prevention, being able to, to help contribute to the work that's going on, on the national level to try to address the public health crisis of suicide in our nation.

Agnes McKeen: Laura,

Laura Trujillo: thank you. So I think all of us here, when you think about the people who are involved in trying to, um, stop suicide, suicide kind of came to us. I would say it wasn't like we, um, sought out, hey, I want to learn more about this. And so the way it came to me was in spring about seven years ago. Um, my mom who want me to say is really great, but I'm biased. I'm, she was a retired hospital administrator. She was really adventurous. She was, you know, she skied the Swiss Alps. She scooped, dived on the Great Barrier Reef. She was really wonderful. And one day she, um, drove to the Grand Canyon and jumped in and killed herself. And it was, um, as you can imagine, pretty shocking and really hard to figure out and to understand why. And I think I've spent the past seven years trying to figure that out and um, trying to figure out when I could talk about it and how I could talk about it.

Laura Trujillo: And I think that's really changed over the years. In the beginning it was hard to say because it's not a really good conversation starter or you know, when you say, even here, I will say, I had my speaker badge on. And so I think the conversation opener here is, oh, what's your topic? And I'm like, oh, it's suicide. And then people usually say, oh, okay, are you a psychiatrist or a psychologist? I'm like, well, here's my story. And so I am, I don't want to use the word happy, but I think it's really important to talk about and to not, not feel that, that sinking feeling when, um, when you discuss it. So I'm really grateful that, um, at the Aspen Institute felt like it was important enough to talk about here.

Agnes McKeen: Hi, my name is

Agnes McKeen: is Agnes. Thanks for having me. Thanks for being here to each and every one of you. Um, October 9th, 2015, my 16 year old son, Harrison, took his own,

Agnes McKeen: life. And um,

Agnes McKeen: about a year later I attended an out of the darkness walk with my mom and my sister and myself. I

Agnes McKeen: am. And it took everything that I had to go to that walk. Um, and it was the best decision I ever made in my life up to that point regarding my healing process for my son's loss of life. Um, it was the first time that I realized that I wasn't alone, that there were other people hurting and that, um, people were talking about it and it helped me. So on the drive home, my mom and my sister and I decided to

start working on something like that in our community. And it took about a year. So I spent a year, um, organizing, just talk suicide prevention. I hold, um, we hold an annual event, um, that provides a safe place for folks to share their stories of loss, their stories of survival and of hope, um, their struggles with mental health or um, that they're supporting somebody who struggles with mental health. We memorialize live low lives lost to suicide. We highlight, um, positive coping mechanisms with a, um, community tree of strength, um, that we create at each event. Right now there's actually a tree of strength hanging in the high school that was created in Harrison's honor. Um, and we will create another one for another, um, young life lost this past year to suicide in our community.

Speaker 5: Um,

Agnes McKeen: so this year in September, suicide prevention month will be our third year and I'm in the process of this. Um, when I started it and started bringing together all of the, um, community partners to participate in the event who worked in suicide prevention or mental health, we started kinda gathering more and more together and um, have developed another coalition that works on a community level to start addressing suicide prevention intervention. And postvention.

Nicole Carroll: We've talked a little bit before we got up here about how important this panel is, but how tough it is for the three of them to get up and share these stories. So can you guys give them some encouragement and thank you.

Speaker 5: [inaudible] this is tough,

Nicole Carroll: is really important and I want to tell you why it's really important. Um, there's now twice as many suicides in the United States as homicides it's the tenth leading cause of death. And among young people, 15 to 24. I've seen it both ways. Maybe you know, second or third leading cause of death. Um, it's really, really a crisis. And so Christine, can you talk about some of these numbers and what's going on? What's happening?

Moutier: Well, the CDC tells us that since 1999 up about fifth for 15

Moutier: years or so before that point in time, the national rate of suicide had actually been on the decline. And, um, it was thought that the push towards identifying and treating depression in the primary care setting and lots of community efforts were really making a difference. And, um, and then what has happened since 1999 over the last approximately 20 years. 2017 is the last year we have CDC data for suicide. Um, the suicide rate has unfortunately gone up every single year between one and 4% per year for a total of a 33% rise since 1999. And, um, you know, we can talk about different demographics, ages, race, ethnicity, regions of the country, but the, the short version is that every single demographic group, except for Asian Americans, we've seen arise and, and it's

possible that among the Asian American group, it's possible that it has remained stable. It's also possible that there has been some misclassification.

Moutier: The CDC made a note about that. I will just say one other thing. Um, not that we'll get too much into the why of the, this rise in the rate because it's very complicated. Obviously suicide is, it is complicated, but it is a complex health outcome. But there are multiple risk factors for any individual and therefore even more so for a population rate change. But one of the things that we think is happening is that as we see stigma going down, we, we, and we see the CDC building a better reporting system and better surveillance system that we are probably simply capturing and recording actual suicides at a closer to accurate rate than most certainly had been done 10 15 years ago. It's estimated that that gap may have been about a 10 to 15%. Um, you know, sort of a underestimate from before, but, but no one thinks that that, uh, is the full reason for this rise in the rate.

Laura Trujillo: You talked about the stigma going down. It's certainly not gone, but it is, it is going down. So I'll start with Laura and then go to Agnes about your own, um, journey of being able to talk about this because we know how important it is to talk about this. But it wasn't, it wasn't always easy. Um, no it wasn't. And I can say in the beginning, I would just say my mom died. I wouldn't say how she died. And then, um, for a while I got a little closer to saying it to friends. And then, but at work, it wasn't something that I wanted to say and I would say even as the stigma decreases, I think it hasn't really decreased in the corporate world. And, um, part of it is, you know, I think I struggle from mental health issues as well as my mom.

Laura Trujillo: And I think part of my journey to figure out her, um, reasons is, oh my God, am I going to turn out to be just like my mom? And part of that is difficult. I think when we talk about the stigma that you will call in sick to work and say you have a cold or whatever, but I'm not going to call into work and say, I just feel of cruddy today and I don't want to get out of bed. So I think until we can say that the stigma is there, um, in, in the corporate world. Um, so I did, I actually started writing about my mom on, um, on Facebook. And Nicole is actually a Facebook friend and real friend. And, um, she would ask me now and then if I was ready to write about it, um, and I used to be a journalist and I would say, no, I'm not.

Laura Trujillo: And then one day she asked and I said, I think I am. And so I, I did write about it, but I was really worried because one, I thought, am I making myself completely unemployable by writing about, in essence how crazy I am, because I think the article did maybe make me seem a little unstable in parts because I was, and I was really worried about that and I was really worried. I think a lot of time after my mom killed herself and people would ask how I was, they're like, you're okay. Right. And they'd kind of say the right that my answer was supposed to say. Right. And I spent a lot of time trying to pretend I was fine and I'm good. It's

acceptable. I'm, I'm all right. I'm okay. Um, and I finally started telling people I'm not really okay. And some people sort of walked away slowly backwards. And, um, you know, some people didn't. But I think until, you know, people talk about that until you're your authentic self or that you're telling the truth about you, I realized how many more people opened up to me. And especially after the article in USA Today Ran. It was, I think everyone told me their story and it was, um, really difficult with each one. But it was interesting for them to say, I'm telling it because you told it. And I don't often feel useful in life, but that made me feel useful.

Nicole Carroll: And the, and the stigma wasn't just about talking about your mom, but talking about your feelings afterwards. And, and you could tell me this from a scientific way, but it is not uncommon to have suicidal thoughts yourself after experiencing this suicide of a loved one. Yes, that's true. And Laura, you, you had those feelings and you, you talked about them and, um, that's hard to do. And I know Agnes, you've, you've dealt with this too. Can you talk about sort of your journey of talking about your son and talking about yourself and how you've been dealing with this?

Agnes McKeen: So after losing Harrison, um, I was so angry. Um, I didn't not talk about Harrison's loss to suicide for about a year, not because of stigma, but because I was dealing with the grief of losing a child. Um, but my view on stigma cause comes from my own personal struggles with mental health and with suicide. Um, my own suicide ideation and, um, I have not struggled with suicide my whole life. There are many people who do. Um, my own suicidality came from, you know, not being able to cope with horrible life situations that I just did not see an end to. Um, and coming out those and realizing how, you know, before even losing Harrison, how could I think that? How could I?

Speaker 6: Okay.

Agnes McKeen: You know, and I know what my thoughts were. I know how bad I was hurting. I know, um, what it felt like to be on that edge. So I know how Harrison felt, but the stigma that I have have within myself. And I also think a lot about these stigma that, um, before I'd ever had suicidal thoughts or been on the edge of suicide, um, the thoughts that I had had in my own head regarding lives that were lost to suicide that I had heard about. So I think a lot of stigma comes from the way each and every one of us know how we have thought about suicide and those that are surrounded by suicide.

Moutier: Christine, can you talk about [inaudible] for both Laura and Agnes and anybody who's had suicidal thoughts, what's, and then they may feel stigmatized and they may feel like they can't talk about it. What's the best thing someone can do? Who's having those thoughts? Well, if you're someone who is feeling suicidal and you've never told anyone about that, um, that becomes its own sort of internal dialogue and burden. That's, that's that you're caring in a way that

can actually spiral in a different direction. Um, if you are able to even talk to one trusted individual where the conversation is not about them fixing the problem, it's simply about human to human connection, about something that is a human struggle. And if you have somebody in your life that, um, that you can trust, that is something I would strongly recommend trying out. And you can even help prepare them by saying, I want to talk to you about something personal and very serious and it will not be your job to come up with solutions.

Moutier: What I'm looking for you is, and you can be very direct with them about I need you to hear me and, and, and listen to me and still love me. And um, certainly in addition to that, if you have not looked into why, why those thoughts are there and certainly the pain of circumstances can absolutely drive suicidal thoughts. But the truth is that health and mental health are a big part of the way that our mind works and the way our brain works. And so if you have not spoken to a mental health professional or a primary care doctor or provider that I would strongly urge you to do that. Um, I know people worry about disclosing thoughts of suicide, fearing that somebody will panic and call the police or you know, involuntarily hospitalize you. And, and I want to say that a big movement in the suicide prevention world is to not have that kind of reflex.

Moutier: That, that there are many, many things that can be done, including just simply continuing the communication, let alone if you're a doctor, a therapist, considering the different treatment options that come nowhere near inpatient hospitalization. So it's not that I can promise you that because there are places where that might still happen, but if you know your doctor, um, or you know, your therapist, I have even had people say to me, hypothetically, if somebody were to tell you x, y, and Z, you know, would it require you to, and the answer is no. That the requirement on the part of a clinician is to, um, hospitalized people who are at imminent threat of, of danger to themselves, others or grave disability, meaning they can't provide food, clothing or shelter for themselves because of their psychiatric condition. Laura, how did you, how did you come out of that place? What did you do?

Laura Trujillo: That's a good question. Um, a lot of therapy, um, to the point where I was really tired of myself. Um, but I did a lot of that. I think, um, actually telling my story and that could be in a conversation or other places was helpful because I knew, like you said, I wasn't the only one, which, you know, I will say after my mom died, my mom was Catholic and I talked to her priest and he said, you know, all families are strange. Just some families know it and some families don't. And I thought, okay, well I know mine is strange, but I mean, it was good to say that's true and how can I, um, get there? And then I think it's part of it is like knowing myself and knowing what I can tolerate. Um, because when you talk about a lot of the thing with depression or suicide is there's not a reason.

Laura Trujillo: Like you can't point to a reason. You can look through and go, I have four really healthy, great kids, I have a job. I like, I have friends, I have a great husband, so

why do I feel this way? And then you feel bad about it and then you don't want to, you don't want to talk to your friends because they're like, what? And so I think that's when it's really hard. And, um, I have a note in my underwear drawer that, um, asks myself some questions that I look at everyday. Cause luckily I wear underwear every day. But you know, that's like if you're feeling bad, like here are some things, have you talked to someone? Do you think you need to go back to therapy again? Um, have you complimented someone today? Because oddly when I compliment someone, they usually say something back. It's nice.

Laura Trujillo: And I don't know if there's a connection formed. And I think part of it is feeling that you don't have a connection anywhere in the world. And so as long as I know to look at that list, I think, okay, I think the problem is the day. I don't know to look at the list or ignore it. So, but for me it's um, I don't, my little checklist is helpful. That and you, you have another note. Do you want to talk about that? Oh, I do have another note. Thanks. I forgot about that thought about myself first. Um, but there was a time, um, after my mom died that um, killed herself, see and still learning, um, that I was really having a bad summer for many reasons, but that being one of them. And um, I bought a ticket to Phoenix and cause I live in Cincinnati now and I was gonna fly there and drive to the canyon and do the same thing.

Laura Trujillo: Cause obviously I'm not super original, but I just, I felt really bad. And you know, your kids can tell when things aren't good, much more than you think they can. And, um, when I was leaving Theo, who at the time was, I don't, Gosh, sixth or seventh grade gave me this little index card, like I put it in my purse and then I drove to the airport. And luckily there was a lot of traffic so that a lot of time to think and cry. And then I was crying too much that I thought I'd cause an accident, which is silly cause I was on my way to kill myself. So why would I be worried about causing an accident, but I want to harm someone else. So I pulled over and cried and for some reason I looked at, um, the note that Theo wrote me and it was really sweet and it just said, I know I love you and you love me.

Laura Trujillo: Theo. Um, he said like, he wrote the letter u instead of spelled out you, um, and it was in this Fuchsia sharpie and it was, I just looked at it and I was like, I can't make the o feel like I feel like I can't do that to him. And I do, I carry the note a long time in my purse and in my wallet and then it got kind of messed up and then I put it up on, um, on my dresser and was kind of mad about it. Cause now he's 18 and he's like, mom, it's about many things, the note being just one of them. But, um, I do have that every day and it's, he is a really good kid and that note is helpful.

Nicole Carroll: And, and just so you know, um, Laura's telling these stories, not only in USA today, but after that story ran random house called and offered her a book contract. So she's got a book coming out on this too, to keep telling her story. So Agnes, I want to talk to you about how we can help people who've experienced

suicide. Um, you, you, you have some thoughts I wrote about online, you've said say their name. So when I first met Agnes in person here, I walked up to her and I never know what to say, but I just said, I'm sorry and I'm so grateful you're here and I'm so sorry about Harrison and you kind of flinched a little bit and I said, you told me to say his name. Is that okay? And so, you know, what do we do? What's the best thing someone can do when they want to talk to you? Yeah. You know,

Laura Trujillo: whether it's suicide or not in our society, when you know somebody who was lost, somebody they love, you don't want to bring it up. You just don't, you, you think,

Agnes McKeen: oh gosh, you know, I don't want to make them sad. They're not sad at this very moment in time. Um, so when you, when somebody has lost someone to suicide, it's like that magnified by a thousand times greater because, um, the subject is so taboo anyways. I mean, we're talking about death and we're talking about a loss to suicide. Um, so the most comforting thing that you can do, especially, you know, if you knew their loved one, say their loved one's name, you know, and, um, I forget that. Um, so many people have heard me talk about Harrison. And so when a stranger comes and non stranger, but you know, and says Harrison's name, I'm Kinda like, oh, you know, and I do, I still love hearing it. Um, so, and you know, let me just tell you, you're not reminding them that their loved one has died.

Agnes McKeen: Trust me, they're not going to forget. But what you are reminding them of is that they lived and that their life mattered. And, um, you're opening a door for them to feel comfortable talking about possibly not that they're just going to start spilling it all out right there. But, you know, maybe they do need to talk about their loved one. If you knew their loved one, share a story, bring a smile, you know, um, don't hesitate to do that in my mind. Um, because it helps when people give me permission to talk about Harrison because I see the look on people's faces when I bring Harrison up, even my family. Um, you know, and, uh, I can tell whether they want to talk about it or not. I don't care. You're going to talk about him. Um, so yeah. You know, give a person who has lost someone to suicide, permission to talk about that person. So Agnes, you've got an audience here. Can you tell us one story about Harrison? You want us to know, given you permission?

Agnes McKeen: Harrison, Jeffrey May Han, he was a really, Harrison was really intellectual. He was just a smart kid, you know, I used to call him my skinny Minnie. He was just this skinny, skinny kid. Um, but he was so smart and he felt everything just really deeply. You know, he just really did. He was so sensitive. And, um, so the kids, I'm at my sister's house one summer and um, she's got a swimming pool in the backyard and Harrison is 10. Tyler, my nephew was 11. Benny is, um, nine. Cassidy is seven. Benny's eight. Cassidy seven. These are my nephews, my son Harrison, and my daughter Cassidy. Anyways, the kids are jumping off the diving

board at my sister's house and they'd get up at the end of the diving board and they'd say,

Laura Trujillo: cannonball, I'm going to do a cannonball. And then they'd run and do a cannonball or dive. I'm gonna do a dive. And then he'd run into a dive. Harrison gets up there and he's standing there and he says, I'm gonna break the plane of the water with the sheer velocity of force of my body. It was, oh gosh, I laugh about it. To this day. My sister looks at me and she's like, what? It's Harrison for you. A very intelligent kid. Um, it's interesting because I'm seeing so many faces out in there and I see tears in her eyes, him curls. There's tears in my eyes that I was telling him. I was working on this panel and my husband said, you can't cry during this panel. And I said, I make no promises. Um, so, um, I appreciate the emotion I'm seeing in your eyes as well, so to get to get me back together. So Christine, can you talk about, let's talk about solutions and how we feel powerless, but there's things we can do. And so it particularly from a national level, that's your approach. Can you talk

Moutier: about what we can do? Yes, I can. I realized that I didn't say one thing that I really wanted to say about something you can do if you are suicidal. Um, so there is something called a safety plan if that, if you've never heard of it before, it's, it's a really useful tool that you can bring into your therapy or you can do it with, um, a trusted loved one that empowers you to dig in, learn about yourself, your own triggers and warning signs and what helps you and you design like you write it down. There's actually, there are apps for this. There's the safety plan app with the Green Cross that's made by the people who develop the safety plan. Um, Greg Brown and Barbara Stanley and there's another one called my three that we highly recommend as well as a very user friendly version. So check that out because again, it's about, um, you retaining control of your own life and wellbeing and, and that ambivalence when you, when you start to suffer, that takes you in this sort of internal war that is kind of debating between life and death. It will help you hold on to that side of life that, that you want to, when you're in your well mind and you create this plan for yourself during that period of time. So check out the safety plan.

Laura Trujillo: Yes. And I think Laura, you have a little mini version of that plan. I feel like my plan and my underwear drawers kind of, I'm not fully developed. That's what reminded me of it. Absolutely. Thank you. That'd be, I need a part B and C on there. We'll get you the up. So can you talk about nationally what you have? Your organization has a plan, you've got very specific things that can be done. So we don't have a ton of time, but let's hit the highlight. Okay, sure. So at the national level,

Moutier: there are several things that are happening and we believe there is a growing readiness to act. So one way to look at the question of why this national, um, rate increase that we've seen. Well, there are forces at play, there are mental health struggles and societal factors that are pushing this public health crisis.

And unless we invest as a nation at a level in terms of dollar amount, research funding and actionable strategies that are at the community level as well as at the national level, but both at like community, family level as well as in clinical systems, we can expect to continue to see, you know, the, the rise occur I believe. And so, um, there are a number of things I'll just mention to you that we have a project that actually aims to catalyze our nation to reduce the, the national rate of suicide 20% by 2025 and it's called project 2025.

Moutier: It has its own website if you care to check it out at project 2025 ASP. Um, and there are evidence informed ways that if we were able to detect the people who are at risk as they pass through the emergency room or primary care or behavioral health care or the prison system or those who live in gun owning communities, there are evidence-based ways to drive down the risk for individuals that are not currently being put into practice in 97% of those places. So we have a plan, we have partners that are at the national level of each of those sort of settings. And, um, and I think there are some other lever points that are being pressed on right now in the healthcare system space in particular, where the accrediting body of most health systems is saying no more. We actually have to start treating suicidal ideation attempts and death as a health outcome that can be prevented, that can be tracked and measured. Right now, most health systems do nothing. There is no capturing of any of this in any systematic way. Um, so there are a number of things. The website again is, well, if you, if you just put it in your search function, AFS p and project 2025, you'll see that that project, right? Laura, you work in PR now and so you, um, have a foot in the corporate world. I bet there's a lot of managers and corporate folks out there. What do you want them to know? What can they do?

Laura Trujillo: I think the biggest thing right now is that, um, companies look at healthcare as mental health care being part of that, not just, um, physical, um, wellbeing. And that's really important when you look at the cost of it. And I think there are a lot of people that cost is prohibitive when you look at how expensive counseling is and even, um, if your accompany does cover it, most of the, um, therapists are like, oh, I don't take insurance. And so I think that when you look at that from a very baseline of a company's losing a lot of money due to mental health issues, I think companies start seeing the benefit of it there. And so I really hope that it becomes, um, and I'm kind of pushing for that to become a bigger part of the whole, um, benefits package.

Agnes McKeen: And I think you made a good point that when somebody calls in like it's okay. You know, first of all you don't have to ask them. But I mean setting the tone of mental health days are perfectly acceptable and we encourage that. But I think that comes from the top.

Laura Trujillo: It does. And I know I'm, at least in my own company, we've been really lucky. And again, I work in PR and communications that we've had a couple of executives that we've had. When I say write about it, I guess we really help

them write about it but about some of their own mental health issues. And I think when you hear about that from the top, you're like, oh, if someone in the c suite is talking about this, then maybe it's okay for me. And that's really helped. It's really hard though to probe the, um, top level executives and be like, Hey, do any of you have some mental health issues you want to share with me? And then 20,000 people. Um, but it works and accurate.

Agnes McKeen: You, um, you grass rooted it, you started something. So if there's people here who want to start something in the community level, what do you recommend? Okay, so I realize that for everybody out there, it is, they don't, you're not as suicide, probably isn't in 90% of your Facebook, Twitter and Instagram feeds like it is mine. Um, so it's not on your tongue every day. So I recommend learning about it. There's a great online course. It takes maybe an hour. We offer it in town for free through the climate tribes, but it's called QPR question, persuade, refer. And really all it is is um, their, their mantra or is ask a question, save a life. So it's just preparing you for, um, asking the question that it's o k to say to somebody who you are concerned about. Are you thinking about killing yourself? Are you thinking about taking your own life? And being prepared for the answer because I believe that one of the things that stops us from asking somebody who we're concerned about, um, is we're afraid that we won't be able to save them when in reality asking them the question is probably going to save them. Great. Great. When it get to questions from the audience, I get this one over here. Do we have mix?

Moutier: So I've, I've seen two of you before on this week. This is my second session with two of you and I am looking at some people who are on the other side of the room who we've had some really deep discussions about. Um, some of the things you've talked about. And the one that has stuck with me the most is the um, physical versus mental side of suicide. And it is a physical health problem because it's a brain health problem and it took me a little bit to kind of let that sink in, but with that help change the conversation for insurance and for people trying to look at this from a mental versus physical place. It is the brain. It is a physical part of our body. It's not just mental. Yep. Yes, yes. 1000% I don't know that I need to add anything to that, but that is absolutely what the science is telling us is that while there are multiple things that converge to create suicidal suicide risk, that same thing can be said for a cardiac acute crisis as well, and that's the organ of the heart. This happens to be the organ of the brain, so it is so much more aligned and it has parallels with what we think of as traditional physical health outcomes. We just have been confused and we've been thinking about behavior as willfulness and rational decision making and the truth is the brain is an organ in the body and it can get sick and it can and it can heal and and get well again as well. A man that was awesome. There was a gentleman back there.

Speaker 7: We get right there. Then we'll go to you, sir. Hi, thanks. Am I on? Yes. A question about suicide in the elderly and especially in the life and we're legal physician assisted suicide. Can y'all talk a little bit about that please?

Moutier: Aye. Aye You're the expert on that. But I just wanted to share a story. I'm uh, my grandfather was 85 and he was facing some surgery and instead of going into the surgery, he died by suicide. And, um, I had never considered suicide. The elderly, I never even asked that. When I went to a therapist and talked about it, he said that it's very, very common and it is a risk factor for that age group. And so I'm curious what you can tell us about that. Sure. So the demographic demographic population that had the highest rate of suicide had been 65 and older until about the year 2014 when 35 to 64 year olds, suicide rate exceeded that of, of the older age group. Um, but, but that's really talking about suicide. W what we're talking about here. What I heard you mentioned in your question was also bringing into the issue of physician assisted suicide or Aiden dying.

Moutier: And, and many people may know that that has become an advocacy issue onto its own, quite separate from the topic that we're talking about today. And state by state, there are bills and laws being passed. Um, along those lines. And my only comment about it, my organization views it as a separate topic. Um, and the one thing that I do worry is that even with a terminal diagnosis, there can be mental health, depression, anxiety at play that is affecting a person's health, quality of life, their thoughts, their to connect with their loved ones to face their death. Um, and, and so that moment deserves the same level of attention to, you know, detecting those things and trying to address them as any other stage in life. And that's my only concern about that topic is that we say that it requires, you know, the two physicians sign off.

Moutier: And, um, but, but I also know firsthand how many times depression is very cloaked and easy to miss. Um, so that, that's my only worry about that. But, but in general, that topic we view as separate and you know, has its own important dialogue. But I absolutely have on back on the suicide prepper though I do think that is something for us all to keep in mind is that the elderly are risk population. I mean, so many different are bad. I, I had no idea and I wish I had at the time you had a comment or question. Yes.

Speaker 8: Yeah. I actually wanted to share a couple of experiences. Back in the 1960s when I was only 16 years old, my first volunteer job was at a, um, a crisis line. It's where people could phone in and almost every week as a 16 year old boy, I was spending hours on the phone with people who are about to commit suicide. And I had no idea what I was doing. And I told them so on the phone I would just say, I don't know what I'm doing, but I, I care about you and I don't want you to die, you know? And just even being a 16 year old kid with no concept of what to do, I know that I was very, very helpful. So that's the first thing. And the second thing is now I'm, I made part of my living as a funeral celebrant.

Speaker 8: So I am dealing with families all the time now who are going through the shadows, your experience in the existential pit of dealing with suicidal. And I guess about a year or two ago I just decided to start really talking about that in the services and to just say, you know, sometimes this happens, sometimes this happens among certain circles of friends or families where you two may be feeling as this person feels and you may feel like you have no love in your life, but this person felt that way and he look at, he is surrounded by the love of all of you who are here and many of you are your, your, your lives are never going to be the same as a result. And please don't break our hearts again, find something. I don't know what it is. And I've actually had people come up to me after the funeral and say, you just saved my life cause I was about to kill myself. And I, I just, I guess I want to encourage everybody to say you may not know much. You may not have all the expertise that these people have, but don't let that stop you. That's all I want to say. Um, it's so important

Moutier: the Agnes had something with, go ahead. I just want to say something very quickly because you're, you're bringing up something that is founded in the research about the power of human connection and what there's this incredible literature that almost sounds hokey. Um, but it's, but it's absolutely true. One of the high risk periods, time for individuals at risk for suicide is immediately following discharge from a psychiatric unit or an emergency department after they've attempted and survived. And now they're being released from the hospital. And the period of days to weeks is a very, very high risk time for completion of suicide. And there are these studies that tried simple things like sending people postcards and it was never just one. It would be a series of them over a period of say nine to 12 months on a, on an every couple month basis. And there are now, I think we're up to modern day because that goes back some decades, but now we're up to about 14 studies and 12 of those 14 studies show reduced risk of subsequent suicide attempts and death.

Moutier: Just forget about treatment just from human connection of text messages, phone calls, letters and postcards, let alone again, any other sort of specific clinic clinical interventions that can actually get to, you know, um, depression and so forth. So just feeling connected to somebody who cares is a powerful, unnecessary experience for all of it. And I feel like we sort of forget that when it comes to this topic because we might feel like we're not an expert and we don't know what to say, but just say what's on your heart and mind and connect with the person. Sounds like you're a 16 year old self with right on. You gotta tell us Donna

Laura Trujillo: completely disagree with that. But I do want to say, because I think it's really hard when you lose someone to suicide and then there's a lot of conversations of, Oh, if someone connected with them, they would be alive. And I want to say that just being nice to people isn't going to save a lot of people. I mean, I wish that was the case. And I think that, um, a lot of times, and I know this with myself, when you have depression or issues, your brain, I'm like lies to you. And

so people aren't connecting and you're like, that's not what they mean or that's, and I think, you know, when I think of all the, like I went back and read every text I'd send to my mother and every email and card and all kinds of things because my sister mailed me the cards back.

Laura Trujillo: But anyway, so it's, um, I think that that's great and I think that's part of it. But I do think for, um, if you want to call it survivors, I think that's a really hard thing to hold. And so I want to remind people, if you have lost someone, you may have reached out and you may have all done that and maybe that kept them around a little longer. Maybe it didn't, but maybe their brain wasn't ready to hear it. And so I'm not saying not to be nice. I'm not saying that. I just, I think there's a, yeah, the guilt is what can drive you particularly to the edge. Agnes and you want to jump in.

Moutier: What I'd like to say is thank you very much for doing that at a funeral service. And we are building a program in my community called postvention through connect Nami New Hampshire that follows best practices. I'm working on the actions that a community takes immediately following a suicide to prevent, um, contagion.

Agnes McKeen: And it is actions like these and trying to educate our funeral directors, um, about the importance of speaking openly about the loss of life to suicide. So if we can reach folks who have lost their loved one to suicide at the funeral home, who aren't prepared to talk about it because of the stigma, because of the shame, because of the guilt and say, no, look, by actually talking about this, you can save people's lives. And it's true. That's why we're called just talk. Because if we just talk about it, you don't know how many people's lives are going to be saved. It's a ripple effect that you can't even imagine how powerful it really, truly is. So I want to thank you for doing that because I'm having a hard time in my community, but I will prevail. I will succeed and I will have our funeral directors talking openly about suicide. We have one last week time for one last question here. Yes,

Speaker 9: thanks. Yeah. Uh, we're in a time when a conversations about suicide and de-stigmatizing suicide is said, you know, the front of newspapers, it's a work we're talking about at quite a bit. And that's a really good thing. But, uh, those conversations aren't happening in every community around the country and they're not happening in every family around the country. What can we do to help friends of ours or family, friends, family members who are surrounded by people that don't necessarily share the, uh, progressive enlightenment that so much of the u s does now about suicide?

Agnes McKeen: I, you actually set up the ending perfectly because I wanted this group to leave and feel empowered. You know, that there is something we can do. And so, um, your question will be the last one to each of them is what can each of you do in your communities, in your families, in your churches, in your businesses? What,

what is your best advice for this group to leave feeling empowered? I just want to say I was talking about it this morning, you know, years ago, um, when we started the just say no to drugs campaign. We were not comfortable. Parents were not comfortable talking with their kids about using drugs. If I talk to my kids about using drugs, it's just giving them a green light to use drugs. If I talk to my kids about safe sex, it's just giving them a green light to have sex. Um, but then we put those topics on the table with our kids and we started talking about those things to our children every day on a weekly basis, checking in with them, um, to, uh, foster a healthy relationship and open communication with our children so that we can guide them in these subjects. Suicide and mental health need to be on the table, a conversation in your home from the time your children can understand the words coming out of your mouth.

Laura Trujillo: Laura, you know, for me, I think the whole thing is just if you have a story, tell it. And it doesn't have to be, I'm in USA Today. You don't have

Laura Trujillo: to start an organization. But, um, I do think it's really important and I think people are, um, worried or they're embarrassed that someone's going to think less of them. Or, again, I think at work you're like, oh, well if I could hire this person or this person and that person has already said they're taking these four drugs, maybe I'll hire that person's. But I do think the more you talk about it, I'm always surprised at how many people then tell me their story. And there's this sometimes worse than mine. I mean, you know what I mean? Like it's, it's, you realize like everyone's got something going on and if they don't, I think they're probably lying. But I just think that's the best thing to do. Share your story, Christine.

Moutier: Yeah, totally agree with that. And um, I would say also if you are not in relationships that are fee feeling deep enough or authentic enough where these things are safe to talk about, um, and you're not sure how to get the conversation started. Uh, one little thing you could look at is an ad campaign that we created called seize the awkward, it's that sees the awkward.org. It was geared towards youth. So if you're an older person, um, it will look seriously funky and like, um, very edgy and hilarious, but it really does give young people the tools to take that dive into the conversations about what's really going on, um, below the surface level. But at the national level, if any of you are interested in seeing what's going on at the advocacy level, there is a ton going on. And with the campaign around the corner, there is a lot to be done. And um, if you're interested in getting involved that way in advocacy efforts, go to afsp.org and you can sign up to be a voluntary field advocate and we make it very easy for you to learn about the bills that are on the table and send a note to your local, uh, policymakers. And it's, it's um, it's a very quick and simple thing to do, but it's a, it's a voice that you can have as you know, as we can as American people.

Nicole Carroll: Thank you for that question. I think it was really important to end, you know, thank all of you for being here. That is something we all can do. You took the time to listen and become educated or maybe learn something a little bit different. So thank you for coming and thank you to the Aspen Institute for taking on this topic. That's a big deal. And if you could help me think, Agnes, Laura and Christine

Speaker 5: for their time.